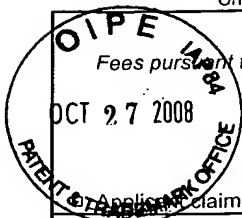


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/519,526
with an effective filing date of
June 27, 2003
Ashley Christopher BRYANT
3746

Attorney Docket No.

COLGRA P54AUS

TOTAL AMOUNT OF PAYMENT: **\$65.00**

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)

\$52/\$26 = \$220/\$110

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

\$270/\$135

4. OTHER FEE(S)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for One Month Extension of term **\$ 65.00**

SUBMITTED BY

Signature

Telephone (603) 226-7490

Name (Print/Type)

Michael J. Bujold

Registration No. (Atty/Agent) 32,018

Date: October 23, 2008



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) COLGRA P54AUS
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Application Number 10/519,526	Filed with an effective filing date of June 27, 2003
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For DUCTED AIR POWER PLANT

Art Unit 3746	Examiner
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This is a request under the provision of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 130	\$ 65	\$130
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 490	\$ 245	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$ 555	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$ 865	\$
<input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))	\$2350	\$1175	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.


☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number **04-0213. I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.**

WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number **32,018**
☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 **32,018.**

 Signature	<u>October 23, 2008</u> Date
--	---------------------------------

<u>Michael J. Bujold</u> Typed or printed name	<u>(603) 226-7490</u> Telephone Number
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. § 122 and 37 CFR §§ 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/27/2008 LTRUONG 00000026 10519526

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65.00 0P



**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2008**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)
COLGRA P54AUS

Application Number **10/519,526**

Filed
with an effective filing date of June 27, 2003

For **DUCTED AIR POWER PLANT**

Art Unit **3746**

Examiner

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☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 **32,018.**

Signature

October 23, 2008
Date

Michael J. Bujold

(603) 226-7490

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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